



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9005

<b>SERIAL NUMBER</b> 10/564,323	<b>FILING OR 371(c) DATE</b> 08/03/2006 <b>RULE</b>	<b>CLASS</b> 264	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> 085449-0191
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**

Angelika Maria Domschke, Duluth, GA;  
 Xiaodong Hu, Katy, TX;  
 Jian S. Zhou, Duluth, GA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP04/06492 06/16/2004 which claims benefit of 60/491,014 07/30/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/22/2006

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

91436

**TITLE**

REFLECTION HOLOGRAM SENSOR IN CONTACT LENS

<b>FILING FEE RECEIVED</b> 1587	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---